

**APPLICATION FOR AN ABSENTEE BALLOT
PRIMARY ELECTION - MARCH 2, 2004**

To obtain an Absentee ballot, complete the information on this form. This application must be received by the Registrar of Voters no later than 5:00 p.m. on February 24, 2004

PRINT NAME: _____ **DATE OF BIRTH:** _____
(First) (Middle) (Last)

RESIDENCE ADDRESS IN SAN DIEGO COUNTY (Please Print)

Number and Street (P.O. Box, Rural Route, etc. not acceptable - designate N, S, E, W, if used)

(City) (Zip Code)

TELEPHONE NUMBER () _____ () _____

PRINT MAILING ADDRESS FOR BALLOT (If different than above):

Note: Organizations distributing this form may not preprint mailing address.

(Number and Street/P.O. Box)

(City)

(State or County)

(Zip Code)

☐ I am not presently affiliated with any political party. However, for the primary election only, I request an absentee ballot for the _____ Party.*

Note: Organizations distributing this form may not preprint check mark or political party name.

*** Choices are the American Independent Party, Democratic Party, and Republican Party.**
Only these parties are allowing non-partisan voters to vote in their elections on March 2, 2004. You must personally write your party choice in the blank. Your ballot will contain the names of candidates for the party you selected in addition to the names of candidates for non-partisan offices and the measures to be voted upon at the March 2, 2004 Primary Election. You may request only one party's ballot. Your party choice for this election will not permanently change your party affiliation. If you wish to obtain information provided by the State regarding the political parties that will permit you to vote their ballots, you may call 1-800-345-8683 (toll free).

Any voter may qualify for PERMANENT ABSENTEE VOTER STATUS. Call (858) 565-5800 for information.

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT

I have not applied for an absentee ballot for this election by any other means. I certify under penalty of perjury under the laws of the State of California that the name and residence on this application are true and correct.

X _____
Signature Date

WARNING: Perjury is punishable by imprisonment in State prison for two, three or four years. (Section 126 of the Ca. Penal Code)

THIS FORM IS PROVIDED BY: SAN DIEGO COUNTY REGISTRAR OF VOTERS INTERNET

NOTICE: You have the legal right to mail, fax or deliver this application directly to the local elections official where you reside. This address is:

**Registrar of Voters
5201 Ruffin Road, Suite I
P.O. Box 85520
San Diego, Ca. 92186-5520
Office: (858) 694-3415 Fax: (858) 694-2955**

Returning this application to anyone other than your elections official may cause a delay that could interfere with your right or ability to vote.

The format used on this application must be used by **ALL** individuals, organizations and groups that distribute absentee ballot applications (Elections Code Section 3007). Failure to conform to this format may result in criminal prosecution. (Elections Code Section 18402)

INFORMATION FOR CAMPAIGNS USING THIS FORM:

Any individual, group, or organization that distributes absentee applications must include their name, address and telephone number with the application. Applications received from campaigns without this information will be rejected.